



Hartford Police
Department

___ Pawnbroker	___ Dance Hall	___ Second Hand Dealer	___ Junk Dealer	___ Billiard	___ Precious Metals
\$50.00 / \$25.00	\$100.00	\$250.00 / \$100.00	\$10.00	\$10.00	\$10.00

**** All applicants are subject to a criminal background check by the Hartford police department.**

Full Name		
Residential Address		
City ST ZIP Code		
Home Telephone #		
Business Telephone #		
Name of Business		
Business Location:		
Website		
Type of Goods to be sold		
Age **		
Date and Place of Birth**		
Sex **		
SSN **		
Place of Employment for the last five years:		
Present Occupation		
List all locations used or intended to be used for the purchase, receipt, storage or sale of property		
Physical address	City/Town & State, Zip Code	Use/ intended use:
List all of the residential addresses used by the applicant over the past five years		
Street address	City/Town & State, Zip Code	Use/ intended use:

☐ Check here if an additional sheet is attached for locations used by business for purchase, receipt, storage or sale of property

☐ Check here if an additional sheet is attached for applicant's residential addresses

Name of Applicant _____ Date of Application _____

Employment History

A. Current or Most Recent

Name of Employer	
Name of Last Supervisor	
Dates of Employment From:	To:
Complete Address	
Phone #	
Last job title	
B.	
Name of Employer	
Name of Last Supervisor	
Dates of Employment From:	To:
Complete Address	
Phone #	
Last job title	
C.	
Name of Employer	
Name of Last Supervisor	
Dates of Employment From:	To:
Complete Address	
Phone #	
Last job title	

☐ Check here if an additional sheet is attached for applicant's employment history

Previous Experience

Name of Business	
Name of Last Supervisor	
Dates of Employment From:	To:
Complete Address	
Phone #	
Last job title	

☐ Check here if an additional sheet is attached for applicant's previous experience

** Criminal History – List all crimes for which you have been convicted

Name	Date of Conviction	Court Where Convicted	Arresting Agency

☐ Check here if an additional sheet is attached for criminal history

Name of Applicant _____ Date of Application _____

Employees, Principals in business, officers, shareholders, financial backer or creditors: List all persons required to be reported under Chapter 409 of the C.G.S.

Individual's Relationship to the Business	Name	Address	Phone Number

Internet Websites, accounts or email addresses: List all sites, accounts and addresses required under CGS Chapter 409

1.
2.
3.
4.
5.
6.

☐ Check here if an additional sheet is attached for internet websites and accounts

I hereby certify that the information provided is true and accurate. I understand that if I have falsified any information in this application or on the attached ____ pages, I will not be entitled to the license sought or, if the information is found to be false after the license is issued, the license may be revoked or suspended after notice and hearing. I fully understand that if I intentionally make a statement that is untrue and which is intended to mislead a public servant in the performance of his or her official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes for False Statement and may be subject to arrest.

Date _____ Signature of Applicant _____
(Must be signed in the presence of a notary)

Subscribed and sworn to before me this _____ day of _____, 20____, in accordance with the Connecticut General Statutes.

Signature of Notary Public

Print Name of Notary Public

My Commission expires: _____

Note: This application is to be returned to:

**Attn: Amara Shabazz
Licenses & Inspections
260 Constitution Plaza
Hartford, CT 06103
www.hartford.gov**

Office Use Only:

Approved _____ Denied _____

Date _____

Hartford Police Chief Signature